Disposition of Unspent Contributions

Reporting Form for Candidates (NRS 294A.180)

DUSP 188

State of Nevada

BEFORE COMPLETING THIS FORM, PLEASE READ THE REQUIREMENTS ON PAGE TWO

(This page may be copied or duplicated if additional space is needed, but all pages must be attached when the report is filed.)

NOTE: Any person who willfully violates the filing requirements is subject to a civil penalty of not more than \$5,000 for each violation and payment of court costs and attorney's fees!

VIVIAN F	- REEMAN	ASSEMBLY WOMA	an 24
Name (print)		Office Held	District
	ALANCE OF UNS	15th day of the second month after his election if contributions remain SPENT CAMPAIGN AS OF JANUARY 1, 2000: \$	
	,	EXPLANATION OF DISPOSITION	
AMOUNT:		DISPOSITION:	
s =			
s 115.	D2_	Payment of expen	ses related to public
\$		Office + my new	ses related to public
\$		00	
s			
S		*	
\$			
REMAINING BA	LANCE OF UNSPI	ENT CAMPAIGN CONTRIBUTIONS	:\$ 9633.43
I do hereby swear	r (or affirm) under i	penalty of perjury that the assertions of	contained in this report are true
	, L	<u>_</u>	·
	day of	January, 20	
Signature of Public Off	Freeman	Office Ose Of	enga enga
Name of Public Officer	Treeman		A Second
1665 C	arlin St		
Street Address KlnD, N	V 89503		
Mailing Address if Diff	erent		2.0
City and State	7-3448 Zip Code		
Daytime Telephone Nu	ımber		